

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>DM</i>	<i>72223</i>	<i>11-16-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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